

Consecutive Number:

Living Unit:

NURSING OBSERVATION

Entries must be legible and written in black ink. Sign full name and title after each entry record vital signs at beginning of note, as necessary.

SIGNATURE

Sign full name and
title after entry..

[illegible]

[illegible]

CLINICAL NURSING NOTES

Consecutive Number:

Living Unit: 4/4

YEAR	DATE	HOUR		NURSING OBSERVATION	SIGNATURE Sign full name and title after entry.
		AM	PM		
5/5/05	20			Consumer kept WSC Radiology appt - V-ray of L-Spine done. Patient seems grossed out. Force free.	Adams
5/5/05	15			At Consumer was of lesser pain on the left side. Her head. 13 inches in length and head then machine adapted. Small outlet & bleeding. Pressure applied and bleeding stopped. Small amount of hair removed from the area. NO other ones. Her head is up. NO LOC noted. Head injury precaution in progress. V/S monitored and stable. BP 138/78 P76 R20. She is alert and oriented to her surroundings. Consumer to be seen by MD. Reevaluation in 1 week. N/S and medications open. Due to the fact Consumer refused dressings off. The newly 2 weeks lateration. Headst 4 sutures applied to laceration. Dr. Miller did eye examination in progress. ROLLERS 100% 5/24/05 BP 138/78 P70 R20. After surgery gain 1200cc. 5/24/05 BP 138/78 P70 R20. 5pm alert, not in any distress. Good injury. Precautions kept BP 138/78 P78 R48. Sutures to head intact, No reflex x 6 hours. 14 preop.	Adams
5/21/05	12			9pm BP 138/78 P68, Sutures to head intact. Head was precautions kept. Consumer sitting up in chair. Sutures to head intact. Slept off and on reflex 500cc in progress. NO Sutures infected. Sutures intact. NO vomiting noted. BP 138/78 P70 R20. 12	Adams

BDC-25-NE

REV 10/13

Full Name of Client:

Young, V.

CLINICAL NURSING NOTES

C-25-NS-MED
2V 10/03

I Name of Client:

Young Valere

Consecutive Number

Living Unit:

324

DATE	HOUR	NURSING OBSERVATION		SIGNATURE Sign full name and title after entry.
		Entries must be legible and written in black ink. Sign full name and title after each entry. record vital signs at beginning of note, as necessary.		
04/06/05		7pm returned from neurology apt. (Dr. Pambra) pt has monoarthralgia admitted by Dr. Pambra PT & OT x/very (S. spine) EMG in KCH. 4/20/05 H.D.J.		V. J.
7/05		Zephora dose is changed as Surg in AM & 20mg P.O. HS starting on 5/3/05		A. J. J.
05/04/05		3:15pm Report of staff that pt had LBBB x 3. T-48.8 (Reckle) P.O. P.O. 100-14/05. Let in my K. Strain! Seeks for Dr. Roroban at 4pm abdomen distended tender supine. Respects to 4000 mmHg stool with hard stool. TO A. Roroban P.O. x 24-hour. 1/15/06 824-hour T.O. F/U		V. J.
6pm		100-138/60 P-67. Abdomen not tender distended but very soft, no tender web noted. H.A. J. J. 100-138/60 P-67.		V. J.
9pm		100-126/78, 100-138/60, Abdomen soft, not tender, slightly distended.		V. J.
5/5/05		Concurrent with K. J. J. C. Radiation Clinic apt at 4-5- Spine done. Blood work done in AM		A. J. J.
5/7/05		Clean by Dr. Madhavi for 9th file for observation on leg. B70 under x 5000. B. J. J.		A. J. J.
5/10/05		Flatt evening gingiva. Had large BM this PM seen by Podiatrist. Nails debrided done. Placed on Lactimide cream to apply between toes. P.O. on 5/28/05 Same was applied. For follow up on 7/13/05.		A. J. J.
5/10/05		Methylen. Alot of acid and irritation. Nausea. 1/1/05 Every 4 hours. 1000mm in bed. 1000mm in bed. 1000mm in bed. 1000mm in bed. 1000mm in bed. 1000mm in bed.		A. J. J.
05/10/05		Fleet enema given. cool large soft stool.		V. J.

CLINICAL NOTES

Full Name of Parent:

Consecutive Number:

Living Unit: 314

YEAR	DATE		HOUR	NURSING OBSERVATION	SIGNATURE
	DATE	TIME			
6/19/05	8-30	PM	<p>I was called by the staff to come and see Mr. Young. She does not look good. On checking did not feel pulse and breathing. Looks very pale. Placed on the floor. CPR was given and I started resuscitating. After a very short time I started screening isoximyl. Some one else called 911 and Code Blue. I was activated. Dr. Macdonald arrived immediately at 8:30. Oxygen inhalation was given and 9/11 was started. By MD. EMS came at 8:45 and took over. At 9:30 hospital called and I informed that consumer M exhibited. Family was informed by hospital. CASE NO WAS 3154. Medical Examiner LABELLA.</p>	<p>Sign full name and title after entry.</p>	